

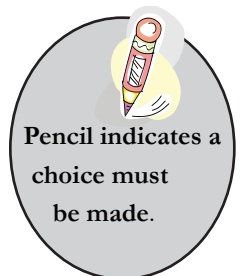
State of Montana



2009 New Employee Insurance Benefits

THE INITIAL ENROLLMENT PERIOD IS THE FIRST 31 DAYS OF EMPLOYMENT.
DECISIONS BELOW MUST BE MADE DURING THIS TIME PERIOD.

- ✓ Choose a Medical Plan.
- ✓ Decide if you want dependents on your medical/dental plans.
- ✓ Decide if you want to purchase Vision coverage.
- ✓ Decide if you want to purchase additional Term Life coverage.
- ✓ Decide if you want to purchase Long Term Disability coverage.
- ✓ Decide if you want to enroll in Flexible Spending account(s).
- ✓ Decide if you want to purchase Accident Death & Dismemberment coverage.
- ✓ Decide if you want to purchase Long Term Care coverage.



After the initial 31 day enrollment period, there are certain restrictions that apply when:

- Adding or dropping dependents
- Purchasing optional benefits

Department of Administration • Health Care and Benefits Division

PO Box 200127 • Helena MT • 59620-0127

1-800-287-8266 or 444-7462 in Helena

www.benefits.mt.gov

Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period the first 31 days of State employment or eligibility.** You can choose to have your coverage effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Division. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means the insurance is not purchased, but rather, the State and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise health care consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$626 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits”**:

- One of the medical plans outlined in this book (includes prescription coverage)
- The Dental Plan
- Basic Life Insurance (\$14,000)

There are **add on benefits** you may choose in addition to the above core benefits:

- Medical and/or Dental Coverage for dependents
- Vision Coverage
- Additional Life Insurance for you and/or your dependents
- Long Term Disability (LTD) Coverage
- Accidental Death & Disability (AD&D) Coverage
- Flexible Spending Accounts for Medical and/or Dependent Care
- Long Term Care Insurance

HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical, Dental, Vision insurance, and the Pre-tax Plan complete the **2009 State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance, AD&D, and LTD complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **2009 Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance, complete the Long Term Care Enrollment Form

Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the **WAIVER of Coverage** box located toward the top of the *2009 Employee Group Benefits Plan Enrollment/Change Form.*

TABLE OF CONTENTS

BENEFIT ENROLLMENT INSTRUCTIONS	1
GLOSSARY	3
MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS	4
NOTES	5
ANNUAL SCHEDULE OF BENEFITS	6 - 11
MEDICAL PLANS DESCRIBED	12 - 13
DEPENDENT ELIGIBILITY	14
WORKING FAMILIES TAX RELIEF ACT	14
PRESCRIPTION DRUG PLAN.....	15
DENTAL PLAN	16
VISION PLAN	17
LIFE INSURANCE PLAN	18
LONG TERM DISABILITY	19
EMPLOYEE ASSISTANCE PROGRAM	20
WELLNESS PROGRAMS	21
PRE-TAX PLAN	22
FLEXIBLE SPENDING ACCOUNTS	23 - 24
FLEXIBLE SPENDING ACCOUNTS WORKSHEET	25
LONG-TERM CARE INSURANCE PLAN	26
CAREMARK NETWORK PHARMACIES	29
MANAGED CARE AREAS	32 - 34
PARTICIPATING HOSPITALS	35
RESOURCES	BACK COVER

GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs preferred because of their effectiveness and cost. Co-payments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. The formulary listing can be found on the Healthcare and Benefits website at www.benefits.mt.gov.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option available when both spouses are eligible state employees and cover eligible dependents. Spouses and children have only one family deductible, one family out-of-pocket maximum, and may experience a slightly lower premium than enrolling separately.

Managed care medical plans

Plans that offer first dollar coverage for services such as office visits which are exempt from deductible. These plans provide differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Co-payments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or co-payments.

Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM



STATE CONTRIBUTION FOR 2009

EMPLOYEES

\$ 626.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

Traditional: \$ _____ (b)

Blue Choice: \$ _____ (b)

New West: \$ _____ (b)

Peak Health: \$ _____ (b)

CHOOSE ONE

DENTAL PLAN (See rates on page 16)

\$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 18)

\$ _____ (d)

TOTAL CORE BENEFITS PREMIUM

Add lines b, c, and d = \$ 1.90 (e)

OPTIONAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS (Page 23)

Medical FSA \$ _____ (g)

Dependent Care FSA \$ _____ (h)

Total FSA \$ _____ (i)

VISION PLAN (See Rates on Page 17)

\$ _____ (j)

LIFE INSURANCE (See rates on page 18)

Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (k)

Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (l)

Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (m)

Accidental Death & Dismemberment (\$.02 or \$.03 (with dependents) x every \$1,000 of coverage) \$ _____ (n)

LONG TERM DISABILITY (See Rates on Page 19)

\$ _____ (o)

LONG TERM CARE (See Rates on Pages 27 & 28)

\$ _____ (p)

OPTIONAL BENEFITS PREMIUM

Add lines i, j, k, l, m, n, o and p = \$ _____ (q)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS

CORE BENEFITS

Enter amount from line e \$ _____ (r)

OPTIONAL BENEFITS

Enter amount from line q \$ _____ (s)

TOTAL BENEFITS

Add lines r and s \$ _____ (t)

STATE CONTRIBUTION

Amount from line a \$ 626.00 (u)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS

Subtract line u from t \$ _____

NOTES

ANNUAL SCHEDULE OF BENEFITS



MEDICAL PLAN

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfonetmt.com

MEDICAL RATES

Monthly/Per Paycheck Premiums

	New West	Blue Choice	Traditional	Peak
Employee	\$526/\$263	\$552/\$276	\$590/\$295	\$624/\$312
Employee & spouse	\$691/\$345	\$710/\$355	\$814/\$407	\$820/\$410
Employee & children	\$606/\$303	\$622/\$311	\$712/\$356	\$718/\$359
Employee & family	\$704/\$352	\$722/\$361	\$830/\$415	\$836/\$418
Joint Core	\$554/\$277	\$568/\$284	\$646/\$323	\$654/\$327

MEDICAL PLAN COSTS

Annual Deductible

(Applies to all services, unless otherwise noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges that the member pays)

General

Preferred Facility Services *(See page 35 & 36 for a list of preferred facilities)*

Non preferred Facility Services

Annual Out-of-Pocket Maximums*

(Maximum coinsurance paid in the year; excludes deductible and co-payments)

You pay deductible and coinsurance on allowable charges (see glossary on page 3).

MEDICAL PLAN SERVICES/COSTS

Hospital inpatient Services*

*Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions

Room Charges

Ancillary Services*

Surgical Services*

Hospital Outpatient and Surgical Center Services*



MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable per person, per lifetime on the Plan. The amounts shown below are the amounts that the plan would pay per individual.

Traditional Plan: \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

TRADITIONAL PLAN Administered by BCBS of MT		MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
Benefits		In-Network Benefits	Out-of-Network Benefits
\$600/Member \$1,800/Family		\$425/Member \$850/Family	Separate \$550/Member Separate \$1,100/Family
25% 20% 35%		25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)		\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
Member Coinsurance:	Member Coinsurance/Copayment:	Member Coinsurance:	
20% - 35%	25%	35%	
20% - 35%	25%	35%	
20% - 35%	25%	35%	
20% - 35%	25%	35%	
20% - 35%	25%	35%	

ANNUAL SCHEDULE OF BENEFITS



MEDICAL PLAN SERVICES/COSTS

Physician/Professional Services (not listed elsewhere)

Office Visits

Inpatient Physician Services*

Lab/Ancillary/Miscellaneous Charges*

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room (*If there is an emergency admission, see plan description for authorizing follow up care*)

Hospital Charges

Professional/Ancillary Charges

Urgent Care Services

Facility/Professional Charges

Ancillary - Lab/Diagnostic/Surgical Charges

Maternity Services

Hospital Charges*

Physician Charges (including delivery, pre and post-natal office visits) and lab charges*

Ultrasounds*

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services (see plan descriptions for what services are covered and when)

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

Mental Health Services

Inpatient Services*

Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2009



TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (covers office visit only)	35%
25%	25%	35%
25%	25% (no deductible on injectibles without an office visit)	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	0% (no deductible) if member enrolls in prenatal program in the first trimester of pregnancy; 25% without	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program as described above)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) \$0 (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium, enemas, proctoscopies, & colonoscopies	35% (plan pays \$75.00 toward mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit Max: Schedule recommended by US Department of Health & Human Services	35%
20% - 35% Max: 21 days (No max for severe conditions)	25% Max: 21 days (No max for severe conditions)	35% Max: 21 days (No max for severe conditions)
25% Max: 40 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)
50% Max: 20 visits/yr (No max for severe conditions)	\$15/visit/yr Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)

ANNUAL SCHEDULE OF BENEFITS



MEDICAL PLAN SERVICES/COSTS

Chemical Dependency Services

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With EAP counselor referral

With NO EAP counselor referral

**Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy*

Inpatient Services*

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care*

Hospice*

Skilled Nursing*

Miscellaneous Services

Disease Process Education & Dietary/Nutritional Counseling

Durable Medical Equipment, Appliances, and Orthotics *(Prior authorization required for amounts >\$1,000)*

PKU Supplies

Obesity Management* *(All plans require prior authorization)*

TMJ Treatment* *(All plans require prior authorization)*

Infertility Treatment* *(All plans require prior authorization)*

Bariatric Benefit* *(Requires prior authorization)*

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

Transplant Services (including out-of-state travel)*

Lifetime Maximums:

BENEFIT YEAR 2009



TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35% Max: Dollar Limit**	25% Max: Dollar Limit**	35% Max: Dollar Limit**
25% Max: 40 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
50% Max: 20 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
20% - 35% Max: \$2,000/yr for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
25% Max: 70 days/yr	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (20%-35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20%-35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
25% Lifetime Max: \$35,000	Not covered	Not covered
25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum 	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS - 2009

Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinfonetmt.com



WHO IS ELIGIBLE?

Employees, spouses, domestic partners, and children are eligible for the Medical Insurance Plan. Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of a marriage, or court-ordered custody/legal guardianship);
- within 63 days after the automatic 31-day coverage (94 days) for births and adoptions.
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

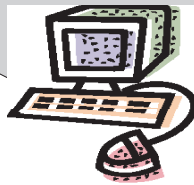
CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinfonetmt.com



INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plans' costs and services in the Annual Schedule of Benefits, starting on page 6.
3. Review your typical health care needs.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 32 through 34.
5. Determine which plan will work best for your family. Make your selection by completing the *2009 Employee Group Benefits Enrollment/Change* form.

2009 Group Benefits Enrollment/Change Form



GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- Traditional Indemnity Plan
- Blue Choice
- New West Health Plan
- Peak Health Plan

TRADITIONAL PLAN

The Traditional Indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts

as full payment. **Please verify a provider is currently participating by calling BCBS or checking their website.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 35 for a list of these facilities. For your protection, it is strongly recommended you pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and participating providers.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

In-Network Benefits

Anytime a network provider is used whether the provider is a general practitioner, internist, or specialist, the in-network (highest level of benefit) is applied.

Check the plan's website for a complete listing of all in-network providers.

A referral/authorization is not required for in-network specialists. Referrals/authorizations are required to see an out-of-network specialist to receive the in-network level of benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

To obtain an authorization to see an out-of-network provider from New West or Blue Choice plans, the member must contact the plan administrator directly.

Referrals for the Peak plan are obtained through your Primary Care Provider.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 32-34 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Lewistown, Libby, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

MEDICAL PLAN COST COMPARISONS



This cost comparison shows how each medical plan would process the same service and what costs the plan member would be responsible for paying. The example is cumulative with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

Sample Services	Allowable Charge	TRADITIONAL		MANAGED CARE PLANS	
				In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay ➡	\$75	\$45	\$150
Copay costs.....				\$45 (\$15/each)	
Costs applied to deductible.....			\$50*		\$150
Coinsurance costs.....			\$25		
Lab charges with office visit 1	\$75	You pay ➡	\$75	\$75	\$75
Copay costs.....					
Costs applied to deductible.....			\$75	\$75	\$75
Coinsurance costs.....					
Specialist Visit (i.e. dermatologist)	\$200	You pay ➡	\$200	\$15	\$200
Copay costs.....				\$15	
Costs applied to deductible.....			\$200		\$200
Coinsurance costs.....					
Preferred hospital inpatient	\$8,500	You pay ➡	\$1,920	\$2,350	\$2,125
Copay costs.....					
Costs applied to deductible.....			\$275	\$350	\$125
Coinsurance costs.....			\$1,645	\$2,000**	\$2,000**

*First two office visits are exempt from the deductible for this comparison.

**coinsurance out-of-pocket maximum

DEPENDENT ELIGIBILITY INFORMATION

Administered by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov

2009 PLAN YEAR DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at www.benefits.mt.gov.

2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents. Complete plan rules are defined in the Summary Plan Document (available on-line at www.benefits.mt.gov).

DEPENDENT CHANGES AFTER NEW HIRE ENROLLMENT

After the initial enrollment period for a new employee (31 days from hire date), dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at www.benefits.mt.gov.

WORKING FAMILIES TAX RELIEF ACT (WFTRA)

WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done at the time of enrollment included on the *2009 Group Benefits Enrollment/Change* form.

WHO IS AFFECTED

All employees who cover dependents on medical, dental, or vision coverage.

REQUIRED DOCUMENTATION

New employees who decide to elect coverage for dependents must complete the section of the *2009 Group Enrollment/Change* form indicating whether each dependent (spouse, domestic partner, children) is or is not qualified for tax purposes.

This information must be completed and returned to the Health Care and Benefits Division along with your other election forms within 31 days of hire for the appropriate tax application of benefits.

COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner) outlining the IRS rules applicable to each of your dependents are also provided for you with this packet.

TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your premiums are eligible for a pre-tax deduction.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the

state share) for these persons will be added to your taxable income.

If the form does not include the tax status information, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

TAX STATUS CHANGES

If the tax status of your dependent changes after your initial enrollment, please contact the Health Care & Benefits Division to obtain a form to make the appropriate change.

PRESCRIPTION DRUG PLAN - 2009



Administered by Caremark • 1-888-347-5329 • www.caremark.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Mail Order Pharmacy Deductible

\$0/Member
\$0/Family

Out-of-Pocket Maximums

Each Prescription \$285
Each Member \$1,650/year
Each Family \$3,300/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all State employees and their dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medication can experience significant savings by utilizing a mail order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you

only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 29-31 of this booklet or on the Caremark website at caremark.com.

Formulary drug listings can be found at the Caremark website or on the Health Care and Benefits website at .mt.gov.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of covered maintenance prescriptions (i.e. diabetic, cholesterol & blood pressure lowering medications) with no deductible.

Mail-order pharmacies are: Caremark Mail Services Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at the Health Care and Benefits Division website at www.benefits.mt.gov or at the Caremark website.

Note:
The deductible does not apply to prescriptions received from one of the mail order pharmacies!

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs. Generic and brand-named drugs which are on the formulary list (available at benefit.mt.gov) are lower in cost than the brand name alternatives which are not on the formulary listing.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

COVERAGE REMINDER

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.

DENTAL PLAN - 2009

Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com



Deductible

\$50/Member
\$150/Family

Employee only
Employee and spouse
Employee and children
Employee and family
Joint Core

Monthly/Per Paycheck Premiums

\$34.10/\$17.05
\$51.90/\$25.95
\$50.40/\$25.20
\$58.00/\$29.00
\$39.80/\$19.90

2009 Group Benefits Enrollment/ Change Form



Covered Services

Type A: Preventive and Diagnostic

Plan Pays

• 100%**

Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- Two exams and/or cleanings in any benefit year.
(Fluoride application covered through age 16.)
- No deductible or yearly dollar maximum apply.

Type B: Fillings, Oral Surgery, etc.

• 80%**

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,200 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%**

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,200 combined (with type B) yearly maximum
- Replacement crowns and dentures are limited to once every five years.
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

years.

**Of allowable charges.

GENERAL INFORMATION

INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing the *2009 Group Benefits Enrollment/Change Form*.

WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive the benefit package. Members also choose which dependents (spouses, domestic partners, children) to cover within 31 days of date of hire or within 63 days of a qualifying event such as marriage, birth, or adoption.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be

responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible or yearly maximum):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and two sets of supplementary bitewing X-rays per benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year*.
3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions

3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum.

6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

VISION PLAN - 2009

If you wish to participate in vision, you must re-enroll

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
 1-866-723-0513 Fax: 1-866-293-7373
www.enrollwiththeyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)



2009 Group Benefits Enrollment/ Change Form



Monthly Premiums

Member only	\$ 7.64
Member and spouse	\$14.42
Member and children	\$15.18
Member and family	\$22.26

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount > \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, spouses, domestic partners and children are eligible if you elect this coverage within your initial enrollment period. **You must re-enroll each year that you wish to participate in the vision plan.**

INSTRUCTIONS

Review the premiums found above and complete the appropriate sections of the 2009 Group Benefits Enrollment/Change Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwiththeyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit EyeMeds website to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since these are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the

Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center. Forms can be completed on-line and attached to an e-mail to oonclaims@eyemedvisioncare.com.

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit (via mail, e-mail, or fax) along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

LIFE INSURANCE PLAN - 2009

Administered by Standard Insurance Company
For information, call the Health Care and Benefits Division
1-800-287-8266 or 444-7462

Life Insurance Enrollment/Change Form



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.90
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates

Based on employee's age
the last day of month
< = less than

<30....	\$.03
<35....	\$.05
<40....	\$.08
<45....	\$.10
<50....	\$.15
<55....	\$.23
<60....	\$.43
<65....	\$.66
65+....	\$.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all eligible employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) are available for employee, spouse, domestic partner, and dependents.

INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be contin-

ued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

New employees who elect this optional coverage during their initial enrollment period, in the amount of their annual salary, are guaranteed coverage.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life. The employee must be enrolled in Plan C for their spouse or domestic partner to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

IMPORTANT!

Optional Employee Life Insurance is available up to your annual salary without medical approval if requested within 31 days of hire.

LONG TERM DISABILITY INSURANCE - 2009

Administered by Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462
www.benefits.mt.gov



Life Insurance
Enrollment/Change
Form



Monthly Premiums

\$22.52 per member - Guaranteed enrollment if elected during your first 31 days of employment!

GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in a medical plan.

INSTRUCTIONS

1. Read about the plans on this page along with the LTD brochure (in this packet).
2. Evaluate your need for long term disability insurance.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

BENEFIT DURATION

If you become disabled and your claim

for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

IMPORTANT

Employees who choose to enroll during the first 31 days of employment in 2009 are not subject to evidence of insurability and are guaranteed enrollment.

ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivor's benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

EMPLOYEE ASSISTANCE PROGRAM - 2009

Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512
www.ReliantBH.com - access code = State of Montana



Covered Services

Short-term Services
Counseling
Legal Consultations
Financial Consultations

Long-term Services
Counseling
Psychiatric Services
Chemical Dependency Services

Costs

- Free
- Free
- Free
- 25% with RBH referral
- 25% with RBH referral
- 25% with RBH referral

Annual Maximums

- 4 visits per issue
- 1/2 hour consultation
- unlimited
- 40 outpatient visits
- 40 outpatient visits
- 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan (EAP) is an add-on benefit for all state employees and dependents enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

INSTRUCTIONS

No separate enrollment is required.

THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 free counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not

need a referral to use RBH for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

MOMMY TRAX PRENATAL PROGRAM

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

Managed Care plan members who enroll in this prenatal program in their first trimester will have many deductibles and copayments waived (see pages 10 & 11).

You can enroll in this program by simply calling 1-866-750-0512.

HEALTH COACHING

Have you been thinking about losing weight or trying to exercise more? Maybe now is the time to quit smoking for good. Why not get a little support from a health coach?

All State plan members and their adult dependents have access to **free, confidential health coaching**. This benefit, designed in conjunction with the Wellness Program, offers individuals the opportunity to communicate with friendly, experienced health coaches at their own pace, by phone or email depending on the participant's preference. To get started, just call 1-866-750-0512.

PERSONAL ADVANTAGE WEBSITE

Personal Advantage is a wellness focused website, to access self-care tools and information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

For information on the training available and how to log on, call RBH.

24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

HELP IS HERE!

To schedule an appointment for:

- confidential counseling
- health coaching
- legal or financial services
- maternity services
- 24-hour crisis assistance.

CALL

1-866-750-0512

WELLNESS PROGRAMS - 2009



Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.asp

2009 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none"> • Confidential screenings for glucose, cholesterol, HDL, LDL, triglycerides • Blood pressure and body mass index • Optional health screening tests and flu shots when available • Information on risk reduction through life-style modifications
Spring Fitness	Fee varies	<ul style="list-style-type: none"> • Team program designed to get people <i>active</i>
<i>Why Weight</i>	Free	<ul style="list-style-type: none"> • Helps qualified members get assistance from a health coach to reach weight loss goals.
Weight Watchers		<ul style="list-style-type: none"> • Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none"> • This educational series offers healthy-living talks by local experts
<i>Well on the Way</i>	Free	<ul style="list-style-type: none"> • Assists qualified members to obtain health care services

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Health screenings are offered free every year to the medical plan member, spouses, and children over age 18. **By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.**

SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy life-styles. Watch for details and changes in this fun program in the Spring of 2009.

HUNTER'S CHALLENGE

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially for successful participation in the areas of weight, attendance, achievement, and exercise.

For more information on program qualifications and reimbursement instructions, call the Wellness Program or visit the Wellness website.

LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs.

QUIT SMOKING

The State plan has partnered with the Montana Tobacco Quit Line. This free telephone service provides cessation counseling services

WELL ON THE WAY

By participating in the annual health screenings and completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Health Care and Benefits for more information.

WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. You may also qualify for assistance with some out-of-pocket expenses. Call RBH at 1-866-750-0512 for more information.

BENEFITS NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you four times a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

SOMHELP E-MAIL

The State of Montana Health Employee Lifestyle Program(SOMHELP) email is a free, weekly email designed to provide quick health tips to keep you motivated and involved with current wellness events. For more information visit the Wellness website.

PRE-TAX PLAN - 2009

Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.go



2009 Group Benefits Enrollment/ Change Form



Benefit of Participation

Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, and long term disability.

**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

GENERAL INFORMATION

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

INSTRUCTIONS

1. Read about the Pre-tax Plan in the General Information section on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you would like to participate, complete the Pre-tax Plan portion of the 2009 Group Benefits Enrollment/Change Form.

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, and long term disability may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

Consult your tax advisor to determine the specific effect the pre-tax plan will have on your taxes.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

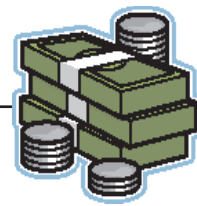
Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or are in full-time active military service. Dependents losing eligibility for coverage will become ineligible at the end of the month for which a partial or full premium has been paid.

WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the HCBD of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.



FLEXIBLE SPENDING ACCOUNTS - 2009



Administered by Allegiance Benefit Plan Management • 1-866-339-4310 • FAX 1-877-424-3539 • www.allegianceflexadvantage.com

WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.
2. Assess whether a medical or dependent care FSA would benefit you.
3. Use the "Electing a Medical FSA

IMPORTANT!

You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!

- Amount" work sheet on page 25 to calculate your household's predictable out-of-pocket medical, dental, and vision expenses for 2009.
4. Use the "How Much Money Should Go Into My Dependent Care FSA?" work sheet on page 25 to calculate your household's predictable day care expenses for children and/or dependent parents.
 5. If needed, consult your tax

preparer about your specific tax situation.

6. Make your selection by completing the 2009 Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

2009 Flexible Spending Account Enrollment/Change and Salary Reduction Form



GENERAL INFORMATION

HOW FSAS WORK

Because the State of Montana offers FSAs, employees have the opportunity to make choices that can help tailor their employee benefits to meet their family's unique needs while saving money each year.

When you participate in an FSA, you elect to have a specified amount of "before tax" dollars deducted from your paycheck each pay period. There are two areas in which you can elect to use this "before tax" money for your expenses:

1. **Out-of-pocket medical expenses (not covered by insurance)**
 - a. health insurance deductibles, co-pays and co-insurance
 - b. prescription and over-the-counter drug costs
 - c. dental and vision expenses
 - d. non-covered medical expenses
2. **Dependent care expenses**
 - a. child care (age 12 and under)
 - b. disabled dependent care

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Use It or Lose It!

Be careful in the amount of your elections making sure to elect no more than you know you and your tax dependents

are going to use within the plan year. Under the "use-or-lose" rule, any money not used by the end of the plan year cannot be returned to you. No changes are allowed to your elections after the first 31 day of employment unless you experience a "qualifying event" described on the next page.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to Allegiance online, by fax (1-877-424-3539 toll free or 1-406-523-3149) or mail (PO Box 4346, Missoula, MT 59806). Claims are normally processed within five business days of receipt.

SUBMIT A CLAIM ONLINE:

1. Go to allegianceflexadvantage.com
2. Complete the online form
3. Attach your documentation (scanned or downloaded)
4. Submit

You will usually have a check in your mailbox less than a week after you have submitted your claim. You can have your reimbursements deposited directly into your checking account if you send in the Automatic Deposit Authorization form with a voided check and Allegiance will electronically deposit reimbursements directly into your checking account.

FSAs PUT TAX DOLLARS BACK IN YOUR POCKET

Mary is a single mother of three earning a salary of \$3,000 per month. Her oldest child has braces and Mary is paying the orthodontist \$150 per month. Mary takes a prescribed maintenance drug that costs her \$50 per month. Mary's youngest child attends preschool while Mary is at work and she is paying \$300 per month to the daycare provider. The following is a comparison of Mary's monthly take-home pay if she enrolls in FSAs to her take-home pay without FSA enrollment.

	FSA	No FSA
Gross pay	\$3000	\$3000
FSA election	\$ 500	\$ 0
Taxable Pay	\$2500	\$3000
Fed Tax*	\$ 135	\$ 213
State Tax*	\$ 84	\$ 114
FICA	\$ 191	\$ 230
Net Pay	\$2090	\$2443
Prescription	\$ 0	\$ 50
Braces	\$ 0	\$ 150
Day care	\$ 0	\$ 300
Net Pay	\$2090	\$1943

*tax based on 2008 Federal and Montana payroll tax withholding tables, claiming 4 allowances.

Participation in FSAs allows Mary to an extra \$147.00 in her pocket each month and \$1,764.00 additional yearly income.

TAX ISSUES

Health care expenses reimbursed through the flex plan are exempt from all federal and state income and FICA/Medicare taxes. Since you receive pre-tax treatment on the money your place in a FSA, you cannot claim the items reimbursed to you through a FSA on your tax return. Without a FSA, medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. Remember, gross earnings for purposes of determining Social Security benefits are reduced by pre-tax deductions.

MEDICAL SPENDING ACCOUNT

Within your first 31 days of hire, you may elect to use “before tax” dollars to pay for your out-of-pocket medical expenses, including deductibles, copays, prescriptions, and many over-the-counter medicines. Dental and vision expenses may be reimbursed too. Eligible expenses include those defined by IRS Code, Section 213 (d).

The amount you elect will be reimbursed to you for the eligible expenses that you, your spouse, and your tax dependents incur during the plan year. The entire annual amount you elect can be used at any time during the plan year after your first payroll deduction is taken. All you have to do is elect the amount you want withheld before taxes from your paycheck.

DEPENDENT CARE ACCOUNT

If both you and your spouse work or you are a single parent, you may have dependent care expenses. Without a dependent care account, the only tax help for you is the Federal Child Care Tax Credit. A FSA may give you a better tax benefit, so compare them both before making your annual FSA election. A dependent receiving care must live in your home at least 8 hours per day.

Your FSA lets you use “before tax” dollars to pay for the care of children age 12 and under, or individuals unable to care for themselves while you or your spouse go to work or school. The care may be provided through live-in-care, baby sitters, and licensed day care centers. You cannot use “before tax” dollars to pay your spouse or one of your children under the age of 19 for providing care. Schooling expenses for

kindergarten and up is not reimbursable.

The maximum you can elect in a plan year is equal to the least of the following:

- \$5,000 married filing joint federal taxes;
- \$2,500 Married filing separate federal taxes or you or your spouse's earned income.

Mid-Year Election Changes

These are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of a spouse/dependent child;
- a change in employment status which warrant the change;

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event or in the case of births/adoptions within 63 days after the 31-day automatic coverage ends (94 days from date of birth).

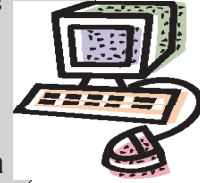
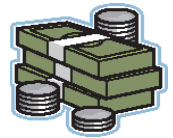
CLICK ON IT!

Allegiance's website offers a wealth of resources for FSA participants, 24 hours-a-day, seven days a week:

- Check your account balances
- View the explanation of benefits for processed claims
- Print claim and direct deposit forms
- Ask questions about your account

To get started, go to the website and register as a new user.

allegianceflexadvantage.com



ALLEGIANCE SERVICES

Customer Service representatives are available to answer your questions by phone each business day between 7:00 a.m. and 6:00 p.m. After hours and on weekends, you can access a toll-free automated voice response system for your account information by calling 1-866-339-4310 (toll free) or 1-406-721-2222.

You can also access the Allegiance website, allegianceflexadvantage.com, 24 hours-a-day, seven days-a-week.

If you would like to drop off a claim reimbursement request or speak with a Customer Service Representative in person, you can stop by an Allegiance office between 8:00 a.m. and 5:00 p.m.

- Helena - 910 N Last Change/Suite D
- Missoula - 2806 S. Garfield
- Billings - 490 N 31st Street #110

MEDICAL/DEPENDENT CARE FSA(S) WORKSHEETS

These worksheets will help you decide on an appropriate annual election for a Medical & Dependent Care FSAs. Estimate your total annual expenses for the 2009 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim form and receive payment.

MEDICAL FSA WORKSHEET

Common Medical Expense s 2009 Estimates

Estimated Medical Expenses \$ _____
(deductibles, co-pays, coinsurance)

Estimated Dental Expenses \$ _____

Estimated Vision Expenses \$ _____

Estimated Prescription Expenses \$ _____

Estimated Over-the-Counter Expenses \$ _____
(vitamins & supplements only with Rx)

Total Estimated 2009 Medical FSA \$ _____

DEPENDENT CARE FSA WORKSHEET

Monthly Care Expenses

Infant Expenses \$ _____

Preschool Expenses \$ _____

Before and After School Care \$ _____

School Vacations \$ _____

Total Monthly Expenses \$ _____

x 12

Total Estimated 2009 Care Expenses \$ _____

Examples of Qualified Medical Expen



- Alcohol & Drug Treatment
- Alternative Healers
- Ambulance
- Appliances for Hearing Impaired
- Artificial Limbs & Teeth
- Birth Control Pills
- Blood Sugar Test Kit
- Braille Books & Magazines
- Car Controls for Disabled Drivers
- Carpal Tunnel Supports
- Chelation Therapy
- Childbirth or Lamaze Classes
- Chiropractors
- Coinsurance Amounts
- Contact Lenses & Supplies
- Contraceptives
- Crutches
- Deductibles (Medical, Dental, Rx)
- Dental Care
- Dentures & Denture Adhesives
- Diagnostic Fees
- Eye exams & Prescription Lenses
- Fertility & Infertility Treatments
- First Aid Kits
- Flu Shots
- Immunizations
- Laboratory Fees
- Obstetrical Expenses
- Orthodontics
- Orthopedics
- Physician Fees
- Physical Therapy
- Prescription drugs
- Psychiatrist & Psychologist Fees
- Smoking Cessation Program
- Surgery & Surgical Fees
- Wheelchair
- X-Rays

Examples of Non-Qualified Medical Expenses

- Cosmetic Surgery
- Fitness Programs
- Hair Growth Treatments
- Insurance Premiums
- Massage
- Warranties
- Service Agreements

- Special Foods
- Teeth Whitening
- Vitamins/Minerals

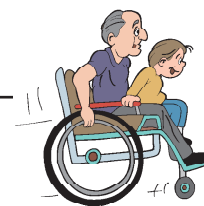
IMPORTANT!

Please be sure these amounts divide evenly by 24 (the number of deductions in the plan year).

LONG TERM CARE INSURANCE - 2009

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana

2009 Group Benefits Enrollment/ Change Form



Options	Choices
Care Type	
Plan 1	• Facility (<i>Nursing Home or Assisted Living</i>)
Plan 2	• Facility + Professional Home Care (<i>Provided by a licensed home health organization</i>)
Plan 3	• Facility + Professional Home Care + Total Home Care (<i>Care provided by anyone, including family members</i>)
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Assisted Living
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 27 and 28.
4. If you would like to sign-up for the plan, complete the UNUM enrollment form and mail to the address on the form within 31 days of hire date to guarantee policy without medical underwriting.

LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

GREAT NEWS!

Employees who mail enrollment form to UNUM within 31 days of hire are not subject to evidence of insurability and are guaranteed enrollment.



LONG-TERM CARE INSURANCE RATES



**For rates
with Inflation
Protection,
see page 28**

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

**Long-Term Care Facility
Non-forfeiture**

PLAN 2

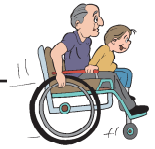
**Long-Term Care Facility
Non-forfeiture
Professional Home Care**

PLAN 3

**Long-Term Care Facility
Non-forfeiture
Total Home Care**

Benefit Duration	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
Age 18 - 30	1.70	2.10	2.80	2.60	3.40	4.70	4.00	5.30	7.60
31	1.70	2.20	2.80	2.60	3.50	4.70	4.00	5.50	7.70
32	1.70	2.20	2.90	2.60	3.60	4.90	4.10	5.60	7.90
33	1.80	2.30	2.90	2.70	3.70	5.00	4.20	5.70	8.00
34	1.80	2.30	3.00	2.80	3.70	5.10	4.30	5.80	8.20
35	1.90	2.40	3.10	2.90	3.90	5.20	4.40	6.00	8.50
36	1.90	2.60	3.20	2.90	4.00	5.40	4.50	6.20	8.70
37	2.00	2.70	3.30	3.10	4.20	5.60	4.70	6.40	9.00
38	2.10	2.80	3.40	3.20	4.30	5.80	4.90	6.70	9.30
39	2.20	2.90	3.60	3.40	4.50	6.00	5.10	6.80	9.60
40	2.30	3.00	3.80	3.50	4.60	6.20	5.20	7.10	10.00
41	2.40	3.10	4.00	3.60	4.80	6.60	5.50	7.40	10.40
42	2.50	3.30	4.00	3.80	5.00	6.70	5.70	7.70	10.70
43	2.60	3.40	4.30	3.90	5.30	7.10	5.90	8.00	11.20
44	2.70	3.60	4.50	4.10	5.50	7.40	6.20	8.40	11.80
45	2.90	3.80	4.70	4.30	5.80	7.70	6.50	8.80	12.30
46	3.00	4.00	5.00	4.50	6.10	8.10	6.80	9.30	12.90
47	3.30	4.20	5.30	4.70	6.30	8.50	7.10	9.80	13.60
48	3.40	4.50	5.60	4.90	6.70	8.80	7.50	10.30	14.30
49	3.70	4.70	5.90	5.20	6.90	9.20	7.90	10.80	15.10
50	3.90	5.10	6.30	5.40	7.30	9.70	8.30	11.40	16.00
51	4.20	5.40	6.80	5.80	7.60	10.20	8.90	12.10	16.90
52	4.50	5.80	7.20	6.10	8.10	10.80	9.50	12.90	18.00
53	4.80	6.20	7.70	6.50	8.50	11.30	10.00	13.50	19.00
54	5.10	6.60	8.20	6.80	9.00	11.90	10.50	14.30	20.10
55	5.50	7.10	8.70	7.30	9.60	12.50	11.20	15.30	21.20
56	6.00	7.70	9.50	7.70	10.20	13.40	11.90	16.30	22.80
57	6.50	8.40	10.30	8.30	10.90	14.20	12.80	17.50	24.40
58	7.10	9.10	11.20	8.90	11.70	15.20	13.60	18.70	26.10
59	7.80	9.90	12.20	9.50	12.60	16.30	14.70	20.00	28.00
60	8.50	10.80	13.30	10.30	13.40	17.40	15.70	21.40	30.00
61	9.40	12.00	14.70	11.20	14.70	19.00	17.00	23.40	32.60
62	10.50	13.30	16.20	12.30	16.00	20.50	18.40	25.20	35.20
63	11.60	14.70	18.00	13.40	17.50	22.50	19.90	27.40	38.40
64	12.90	16.40	19.90	14.80	19.20	24.50	21.70	29.90	41.70
65	15.00	18.90	22.90	16.80	21.80	27.70	24.20	33.40	46.60
66	16.60	20.90	25.40	18.50	24.00	30.40	26.10	36.10	50.50
67	18.60	23.40	28.30	20.60	26.60	33.60	28.60	39.50	55.10
68	20.70	25.90	31.40	22.80	29.40	37.20	31.20	43.10	60.10
69	23.00	28.80	34.90	25.20	32.40	41.00	34.10	47.00	65.60
70	25.70	32.00	38.70	28.00	35.90	45.30	37.20	51.40	71.50
71	28.40	35.40	42.80	30.80	39.50	49.80	40.40	55.90	77.70
72	31.60	39.40	47.50	34.20	43.80	55.00	44.20	61.20	84.90
73	34.90	43.30	52.10	37.60	47.90	60.00	48.10	66.50	91.80
74	38.80	48.00	57.60	41.50	53.00	66.10	52.60	72.70	100.00
75	46.50	57.40	68.60	49.60	63.10	78.70	62.20	86.00	118.00
76	51.20	63.30	75.90	54.50	69.40	86.40	67.60	93.60	128.40
77	55.90	69.00	82.70	59.30	75.40	93.80	72.80	100.90	138.30
78	61.50	75.80	90.70	65.00	82.60	102.60	79.20	109.80	150.20
79	67.70	83.40	99.60	71.40	90.60	112.30	86.20	119.50	163.10
80	74.60	91.60	109.30	78.40	99.30	122.90	93.80	130.00	177.10
81	81.70	100.10	119.20	85.60	108.20	133.60	101.40	140.50	190.80
82	90.80	111.10	132.00	95.00	119.80	147.50	111.70	154.60	209.20
83	100.50	122.60	145.50	104.90	132.10	162.20	122.70	169.70	228.90
84	109.90	133.80	158.30	114.60	143.90	176.10	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES



Rates shown are for a \$1,000 Monthly Facility Benefit **with Inflation Protection**.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**With
Inflation
Protection**

PLAN 1 Long-Term Care Facility Non-forfeiture

PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
	31	6.10	8.10	10.20		8.30	11.20	14.90		11.70	15.90	22.00
	32	6.20	8.20	10.60		8.50	11.40	15.40		12.00	16.20	22.50
	33	6.50	8.60	10.80		8.70	11.80	15.70		12.20	16.60	23.00
	34	6.60	8.70	11.00		9.00	12.00	16.00		12.50	17.00	23.40
	35	6.90	9.00	11.40		9.30	12.40	16.40		12.90	17.50	24.10
	36	7.00	9.20	11.70		9.50	12.70	16.90		13.20	17.90	24.60
	37	7.20	9.60	12.00		9.70	13.10	17.40		13.50	18.40	25.30
	38	7.50	9.90	12.40		10.10	13.50	17.80		14.00	19.00	26.00
	39	7.70	10.00	12.70		10.40	13.70	18.20		14.30	19.30	26.50
	40	7.90	10.40	13.00		10.60	14.10	18.70		14.60	19.80	27.30
	41	8.20	10.60	13.50		10.90	14.50	19.30		15.10	20.30	28.00
	42	8.40	10.90	13.70		11.20	14.90	19.60		15.40	20.80	28.60
	43	8.60	11.30	14.10		11.50	15.30	20.20		15.90	21.40	29.40
	44	9.00	11.70	14.60		11.90	15.90	20.80		16.40	22.10	30.30
	45	9.20	11.90	14.90		12.30	16.20	21.30		16.80	22.60	31.00
	46	9.60	12.50	15.50		12.60	16.80	22.00		17.30	23.40	32.10
	47	9.90	12.80	16.10		12.90	17.10	22.50		17.90	24.10	33.10
	48	10.20	13.20	16.60		13.20	17.50	23.10		18.40	24.90	34.20
	49	10.70	13.80	17.10		13.70	18.10	23.60		19.10	25.70	35.20
	50	11.00	14.20	17.80		14.00	18.50	24.30		19.60	26.50	36.50
	51	11.50	14.80	18.50		14.60	19.20	25.10		20.50	27.60	38.00
	52	12.10	15.50	19.30		15.10	19.90	25.90		21.30	28.70	39.40
	53	12.40	16.00	19.90		15.40	20.30	26.60		21.90	29.60	40.80
	54	12.90	16.70	20.80		15.90	21.10	27.40		22.60	30.70	42.20
	55	13.80	17.70	21.90		16.70	21.90	28.30		23.50	31.70	43.30
	56	14.50	18.60	23.00		17.40	22.80	29.40		24.50	33.10	45.20
	57	15.30	19.60	24.20		18.30	23.80	30.80		25.80	34.70	47.60
	58	16.20	20.80	25.60		19.10	25.00	32.10		26.90	36.40	49.90
	59	17.10	21.90	26.90		20.00	26.10	33.60		28.20	38.10	52.30
	60	18.30	23.10	28.40		21.10	27.30	35.00		29.60	40.00	54.80
	61	19.70	25.20	30.80		22.50	29.40	37.50		31.50	42.80	58.70
	62	21.40	27.10	33.00		24.20	31.30	39.70		33.50	45.50	62.30
	63	22.90	29.10	35.50		25.70	33.30	42.30		35.50	48.30	66.30
	64	25.00	31.60	38.40		27.80	35.90	45.20		38.00	51.70	70.80
	65	28.10	35.50	43.00		30.90	39.80	50.00		41.70	56.80	77.80
	66	30.40	38.30	46.40		33.10	42.70	53.70		44.20	60.30	82.80
	67	33.20	41.80	50.50		36.10	46.40	58.20		47.60	65.10	89.10
	68	35.90	45.20	54.60		38.90	50.00	62.70		50.80	69.40	95.10
	69	39.20	48.90	59.20		42.30	54.00	67.80		54.60	74.40	102.20
	70	42.30	52.90	64.00		45.50	58.20	73.10		58.20	79.60	109.30
	71	46.10	57.50	69.30		49.40	63.10	78.90		62.40	85.50	117.10
	72	50.20	62.70	75.50		53.70	68.50	85.60		67.20	92.10	125.90
	73	54.10	67.10	80.80		57.70	73.40	91.40		71.80	98.20	134.00
	74	59.00	73.00	87.60		62.60	79.60	98.80		77.20	105.60	143.70
	75	69.20	85.60	102.50		73.30	93.00	115.30		89.70	122.70	166.50
	76	75.30	93.00	111.50		79.50	100.80	125.00		96.40	132.10	179.20
	77	80.60	99.40	119.10		84.80	107.50	133.30		102.00	139.90	189.70
	78	87.40	107.70	128.80		91.80	116.10	143.70		109.50	150.10	203.20
	79	94.10	115.80	138.50		98.70	124.80	154.20		117.00	160.70	217.20
	80	102.20	125.60	149.80		106.90	135.00	166.50		125.80	172.70	233.10
	81	110.20	135.10	161.00		115.10	145.00	178.50		134.40	184.40	248.40
	82	120.80	147.70	175.60		125.80	158.20	194.40		146.00	200.30	269.00
	83	131.70	160.70	190.70		137.00	172.00	210.70		158.40	217.20	290.70
	84	141.70	172.70	204.20		147.30	184.60	225.30		169.40	232.60	309.90

CAREMARK NETWORK PHARMACIES



*Network Pharmacies are subject to change

CITY	PHARMACY
Anaconda	CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's Pharmacy - Central Ave Albertson's Pharmacy - Grand Ave Albertson's Pharmacy - North 27th Albertson's Pharmacy - Main St. Aspen Meadows Pharmacy At Home Solutions Billings CBOC Billings Clinic Pharmacy Billings Health & Rehabilitation Center for Healthy Aging Pharmacy Community Health Center Pharmacy Costco Pharmacy CVS Pharmacy - Grand Ave. CVS Pharmacy - Main St. CVS Pharmacy - N 27th St. Deaconess Billings Clinic Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Pharmacy One Planned Parenthood of Montana Shopko Pharmacy St. John's Pharmacy St. Vincent's Hospital Pharmacy Target Pharmacy Walgreens Drug Store - Main St. Walgreens Drug Store - Grand Ave. Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave Westpark Pharmacy Woodrows Drugs
Box Elder	Rocky Boy Clinic Pharmacy
Bozeman	Albertson's Pharmacy At Home Solutions Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Price Rite Drug Rosauers Pharmacy Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug

**MAIL ORDER
PHARMACIES**

Caremark Mail Service Pharmacy
1-888-347-5329
www.pharmacare.com

Ridgeway Pharmacy
1-800-630-3214
1-406-777-5425

CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Browning	Blackfeet Community Hospital
Butte	Butte CHC Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Safeway Pharmacy St. James Community Hospital Three Bears Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug Inc
Columbia Falls	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Crow	Crow Hospital
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's Pharmacy Drug Mart
Deer Lodge	Keystone Drug Safeway Pharmacy
Dillon	Pamida Pharmacy Safeway Pharmacy
Ekalaka	Dahl Memorial Hospital
Ennis	Ennis Pharmacy
Eureka	Haines Drug

CAREMARK NETWORK PHARMACIES



CITY	PHARMACY
Fairfield	Fairfield Drug
Fairview	Mondak Pharmacy
Florence	Florence Pharmacy North
Forsyth	Yellowstone Pharmacy
Fort Benton	Benton United Drug
Fort Harrison	Fort Harrison VAMC
Frenchtown	Frenchtown Drug
Gardiner	Gardiner Pharmacy
Glasgow	5th Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow
Glendive	Albertson's Pharmacy F & G Pharmacy Gabert Clinic Pharmacy
Great Falls	Albertson's Pharmacy - 3rd St. NW Albertson's Pharmacy - 10th Ave. S. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Pharmerica Plaza United Drugs Public United Drug Sam's Club Pharmacy Shopko Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreens Drug Store - 3rd St. NW Walgreens Drug Store - 10 Ave. S. Wal-Mart Pharmacy
Hamilton	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy Walgreens Drug Store
Hardin	Pharmacare Pharmacy
Harlem	Fort Belknap Pharmacy Milk River Pharmacy
Harlowton	Wheatland Memorial Pharmacy
Havre	Albertson's Pharmacy Health Mart K Mart Pharmacy Northern MT Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy
Hays	Hays Indian Health Center Pharmacy

CITY	PHARMACY
Heart Butte	Heart Butte Pharmacy
Helena	Bergum South Pharmacy Costco Pharmacy CVS Pharmacy - N. Montana Ave CVS Pharmacy - Euclid Ave K Mart Pharmacy Safeway Pharmacy Shopko Pharmacy Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Jordan	Foster Jordan Drug
Kalispell	Albertson's Pharmacy At Home Solutions Big Sky IV Care Costco Pharmacy Evergreen Rx K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Rosauers Pharmacy Shopko Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy The Clinical Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Lame Deer	Lame Deer Health Center
Laurel	CVS Pharmacy Gene's Pharmacy Price's Pharmacy Wal-Mart Pharmacy
Lewistown	Albertson's Pharmacy Lewistown Pharmacy Montana Mental Health Nursing Center Pamida Pharmacy Seiden Drug Co
Libby	Center Drug Frank's Drug Libby Drug Rosauers Pharmacy
Livingston	Albertson's Pharmacy Pamida Pharmacy Western Drug
Lodge Grass	Lodge Grass Pharmacy
Lolo	Lolo Drug
Malta	Valley Drug Company
Miles City	Albertson's Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy

CAREMARK NETWORK PHARMACIES



CITY	PHARMACY	CITY	PHARMACY
Missoula	A & C Drug Albertson's Pharmacy - Oxford St Albertson's Pharmacy - Reserve St Albertson's Pharmacy - Russell St Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy Health Services Pharmacy K Mart Pharmacy Missoula Pharmacy Palmer's Drug Partner Ship Health Center Riverside Health Care Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St Safeway Pharmacy - Broadway St Savmor Drug Shopko Pharmacy Target Pharmacy Village Health Care Center Pharmacy Wal-Mart Pharmacy - Mullan Rd Wal-Mart Pharmacy - Hwy 93 Walgreens Drug Store - N Reserve St. Walgreens Drug Store - Brooks St.	Stevensville	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug
Pablo	Confederated Salish & Kootenai Tribes	Superior	Mineral Pharmacy
Philipsburg	Granite County Hospital Pharmacy	Thompson Falls	Doug's Drug
Plains	Plains Drug	Three Forks	Three Forks Medical Arts Pharmacy
Plentywood	Plentywood Drug	Townsend	Townsend Drug
Polson	Healthcare Plus Pharmacy Safeway Pharmacy St. Joseph Retail Pharmacy Wal-Mart Pharmacy	Troy	Kootenai Drug
Poplar	Poplar Pharmacy	Twin Bridges	Mac's CHC Pharmacy
Pryor	Pryor Pharmacy	West Yellowstone	Silvertip Pharmacy
Red Lodge	Red Lodge Drug Company	White Sulphur Spg	Castle Mountain Drug
Ronan	Family Health Pharmacy R & R Health Care Solutions	Whitefish	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy
Roundup	Pamida Pharmacy	Whitehall	Whitehall Drug
Scobey	Service Drug Inc	Wolf Point	Gillette Pharmacy Wolf Point Pharmacy
Seeley Lake	Healthcare Plus Seeley Swan Pharmacy		
Shelby	Northtown Drug Pamida Pharmacy		
Sidney	Community Clinic Pharmacy Pamida Pharmacy Sidney Health Center White Drug		
St. Ignatius	Mission Drug Pharmacy		

BLUE CHOICE MANAGED CARE AREAS



City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Divide	59727	Joplin	59531	Proctor	59929
Acton	59002	Dixon	59831	Judith Gap	59453	Pryor	59066
Alberton	59820	Drummond	59832	Kalispell	59901	Ramsay	59748
Alder	59710	Dupuyer	59432		59902	Ravalli	59863
Anaconda	59711	Dutton	59433		59903	Raynesford	59469
Arlee	59821	East Helena	59635		59904	Red Lodge	59068
Augusta	59410	East Missoula	59801	Kevin	59454	Rexford	59930
Avon	59713	Edgar	59026	Kila	59920	Ringling	59642
Ballantine	59006	Elliston	59728	Kremlin	59532	Roberts	59070
Basin	59631	Elmo	59915	Lake McDonald	59921	Rollins	59931
Bearcreek	59007	Emigrant	59027	Lakeside	59922	Ronan	59864
Belfry	59008	Ennis	59729	Laurel	59044	Roscoe	59071
Belgrade	59714	Ethridge	59435	Lavina	59046	Roundup	59072
Belt	59412	Eureka	59917	Ledger	59456	Rudyard	59540
Big Arm	59910	Fairfield	59436	Lima	59739	Ryegate	59074
Bigfork	59911	Fishtail	59028	Lincoln	59639	Saltese	59867
Big Sky	59716	Florence	59833	Livingston	59047	Sand Coulee	59472
Billings	59101-59108	Flowerree	59440	Lloyd	59535	Santa Rita	59473
	59111-59112	Fort Benton	59442	Lodge Grass	59050	Seeley Lake	59868
	59114-59117	Fort Harrison	59636	Lolo	59847	Shawmut	59078
Black Eagle	59414	Fort Shaw	59443	Loma	59460	Shelby	59474
Bonner	59823	Fortune	59918	Lonepine	59848	Shepherd	59079
Boulder	59632	Frenchtown	59834	Lothair	59461	Sheridan	59749
Box Elder	59521	Fromberg	59029	Manhattan	59741	Silver Star	59751
Boyd	59013	Galata	59444	Marion	59925	Silver Bow	59750
Bozeman	59715	Gallatin Gateway	59730	Martin City	59926	Simms	59477
	59717-59719	Garneill	59445	Martinsdale	59053	Somers	59932
	59771-59773	Garrison	59731	Marysville	59640	Springdale	59082
Brady	59416	Garryowen	59031	McAllister	59740	St. Ignatius	59865
Bridger	59014	Geraldine	59446	McLeod	59052	St. Regis	59866
Broadview	59015	Geyser	59447	Melrose	59743	St. Xavier	59075
Buffalo	59418	Gildford	59525	Melville	59055	Stevensville	59870
Butte	59701	Glen	59732	Milltown	59851	Stockett	59480
	59702	Gold Creek	59733	Missoula	59801	Stryker	59933
	59703	Grantsdale	59835		59802	Sula	59871
	59707	Great Falls	59401		59803	Sun River	59483
Bynum	59419		59402		59804	Sunburst	59482
Canyon Creek	59633		59403		59806	Superior	59872
Cardwell	59721		59404		59807	Swan Lake	59911
Carter	59420		59405		59808	Thompson Falls	59873
Cascade	59421		59406		59812	Three Forks	59752
Charlo	59824	Greenough	59836	Molt	59057	Trego	59934
Chester	59522	Hamilton	59840	Monarch	59463	Trout Creek	59874
Chinook	59523	Hardin	59034	Musselshell	59059	Twin Bridges	59754
Choteau	59422	Harlowton	59036	Neihart	59465	Two Dot	59085
Clancy	59634	Harrison	59735	Norris	59745	Ulm	59485
Clinton	59825	Haugen	59842	Noxon	59853	Valier	59486
Clyde Park	59018	Havre	59501	Oilmont	59466	Vaughn	59487
Columbia Falls	59912	Helena	59601-59602	Olney	59927	Victor	59875
Condon	59826		59604	Ovando	59854	Virginia City	59755
Conner	59827		59620	Pablo	59855	Warm Springs	59756
Conrad	59425		59623-59626	Paradise	59856	West Glacier	59936
Coram	59913	Helmville	59843	Park City	59063	White Splhr Sprgs	59645
Corvallis	59828	Heron	59844	Pendroy	59467	Whitefish	59937
Creston	59902	Highwood	59450	Philipsburg	59858	Whitehall	59759
Crow Agency	59022	Hingham	59528	Pinesdale	59841	Whitelash	59545
Custer	59024	Hot Springs	59845	Plains	59859	Wilsall	59086
Cut Bank	59427	Hungry Horse	59919	Polaris	59746	Winston	59647
Darby	59829	Huntley	59037	Pole Bridge	59928	Wisdom	59761
Dayton	59914	Huson	59846	Polson	59860	Wise River	59762
DeBorgia	59830	Inverness	59530	Pompeys Pillar	59064	Wolf Creek	59648
Deer Lodge	59722	Jackson	59736	Pony	59747	Worden	59088
Dell	59724	Jefferson City	59638	Power	59468	Zurich	59547
Dillon	59725	Joliet	59041	Pray	59065		

NEW WEST MANAGED CARE AREAS



City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Dayton	59914	Joliet	59041	Rapelje	59067
Acton	59002	Deer Lodge	59722	Joplin	59531	Ravalli	59863
Alberton	59820	Denton	59430	Jordan	59337	Raynesford	59469
Alder	59710	Dillon	59725	Judith Gap	59453	Red Lodge	59068
Anaconda	59711	Divide	59727	Kalipsell	59901-59904	Red Stone	59257
Angela	59312	Dixon	59831	Kevin	59454	Ringling	59642
Antelope	59211	Dodson	59524	Kila	59920	Roberts	59070
Arlee	59821	Drummond	59832	Kinsey	59338	Rollins	59931
Augusta	59410	Dupuyer	59432	Kremlin	59532	Ronan	59864
Avon	59713	Dutton	59433	Lake McDonald	59921	Roscoe	59071
Bainville	59212	East Helena	59635	Lakeside	59922	Rosebud	59347
Ballantine	59006	Edgar	59026	Lambert	59243	Roundup	59072
Basin	59631	Elliston	59728	Laurel	59044	Roy	59471
Bearcreek	59007	Elmo	59915	Lavina	59046	Rudyard	59540
Belfry	59008	Emigrant	59027	Ledger	59456	Ryegate	59074
Belgrade	59714	Ethridge	59435	Lewistown	59457	Saco	59261
Belt	59412	Fairfield	59436	Libby	59923	Saint Ignatius	59865
Big Arm	59910	Fallon	59326	Livingston	59047	Saint Regis	59866
Big Sandy	59520	Fishtail	59028	Lloyd	59535	Saint Xavier	59075
Big Sky	59716	Flaxville	59222	Lodge Grass	59050	Sand Coulee	59472
Big Timber	59011	Florence	59833	Lolo	59847	Sanders	59076
Bigfork	59911	Flowerree	59440	Loma	59460	Shawmut	59078
Billings	59101-59108	Forest Grove	59441	Longpine	59848	Shelby	59474
	59111-59117	Forsyth	59327	Loring	59537	Shepherd	59079
Black Eagle	59414	Fort Benton	59442	Malta	59538	Sidney	59270
Bonner	59823	Fort Harrison	59636	Malmstrom AFB	59402	Silver Star	59751
Boulder	59632	Fort Shaw	59443	Manhattan	59741	Simms	59477
Box Elder	59521	Frenchtown	59834	Marion	59925	Somers	59932
Boyd	59013	Fromberg	59029	Martin City	59926	Springdale	59082
Bozeman	59715-59719	Galata	59444	Martinsdale	59053	Stevensville	59870
	59771-59773	Gallatin Gateway	59730	Marysville	59640	Stockett	59480
Brady	59416	Garneil	59445	McLeod	59052	Stryker	59933
Bridger	59014	Garrison	59731	Melville	59055	Sula	59871
Broadview	59015	Garryowen	59031	Mildred	59341	Sun River	59483
Brusett	59318	Geraldine	59446	Miles City	59301	Sunburst	59482
Buffalo	59418	Gildford	59525	Milltown	59851	Superior	59872
Butte	59701-59703	Glen	59732	Missoula	59801-59808	Terry	59349
	59707	Gold Creek	59733		59812	Thompson Falls	59873
	59750	Grantsdale	59835	Moccasin	59462	Three Forks	59752
Bynum	59419	Grass Range	59032	Molt	59057	Toston	59643
Canyon Creek	59633	Great Falls	59401	Moore	59464	Townsend	59644
Cardwell	59721		59403-59406	Musselshell	59059	Troy	59935
Carter	59420	Greenough	59836	Neihart	59465	Twin Bridges	59754
Cascade	59421	Hall	59837	Noxon	59853	Two Dot	59085
Charlo	59824	Hamilton	59840	Oilmont	59466	Ulm	59485
Chester	59522	Hardin	59034	Outlook	59252	Vaughn	59487
Chinook	59523	Harlowton	59036	Pablo	59855	Victor	59875
Choteau	59422	Hathaway	59333	Paradise	59856	Warm Springs	59756
Clancy	59634	Havre	59501	Park City	59063	Westby	59275
Clinton	59825	Helena	59601-59602	Pendroy	59467	West Glacier	59936
Clyde Park	59018		59604	Philipsburg	59858	Whitefish	59937
Cohagen	59322		59620	Pinesdale	59841	White Sulphur Spgs	59645
Colstrip	59323	Heron	59844	Plains	59859	Whitehall	59759
Columbia Falls	59912	Highwood	59450	Plentywood	59254	Whitetail	59276
Columbus	59019	Hilger	59451	Polaris	59746	Whitewater	59544
Condon	59826	Hingham	59528	Polebridge	59928	Wilsall	59068
Conrad	59425	Hobson	59452	Polson	59860	Winston	59647
Coram	59913	Hot Springs	59845	Pompeys Pillar	59064	Wolf Creek	59648
Corvallis	59828	Hungry Horse	59919	Power	59468	Worden	59088
Crane	59217	Huntley	59037	Pray	59065	Zurich	59547
Crow Agency	59022	Huson	59846	Proctor	59929		
Custer	59024	Hysham	59038	Pryor	59066		
Dagmar	59219	Inverness	59530	Radersburg	59641		
Darby	59829	Jefferson City	59638	Ramsay	59748		

PEAK HEALTH AREAS



City	Zip Code
------	----------

Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Lavina	59046
Melrose	59743
Ramsay	59748
Rosebud	59347
Rygate	59074
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

PARTICIPATING FACILITIES - TRADITIONAL



Preferred 20% Coinsurance

Anaconda	Community Hospital of Anaconda
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital
	Billings Cataract and Laser Surgicenter
	Billings Clinic
	Health South Surgery Center
	LaGreca Eye Clinic/Surgicenter
	St. Vincent's Healthcare
	Yellowstone Surgery Center
Bozeman	Bozeman Deaconess Hospital
	Rocky Mountain Surgical Center
	Same Day Surgery Center
Butte	St. James Healthcare
	Summit Surgery Center
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital and Health Care
Ekalaka	Dahl Memorial Healthcare
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
	Central Montana Surgical Hospital
	Great Falls Clinic Surgery Center
	Pacific Cataract and Laser Institute
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital

Helena	Helena Surgicenter
	Shordair Hospital
	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Heathcenter Northwest
	Kalispell Regional Medical Center
	Orthopedica Surgery Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Miles City	Holy Rosary Healthcare
Missoula	Big Sky Surgery Center
	Community Medical Center
	Missoula Bone & Joint Surgery Center
	Providence Surgery Center
	St. Patrick's Hospital & Health Sciences
Philipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Poplar Community Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral County Hospital
Terry	Prairie Community CAH
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur	Mountainview Medical Center
Springs	
Wolf Point	Northeast Montana Health Services

Non-Preferred 35% Coinsurance

All Other 25% Coinsurance

PARTICIPATING HOSPITALS - MANAGED CARE



BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	Advanced Care Hospital St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital HealthCenter Northwest Kalispell Regional Medical Center
Kalispell	Livingston Memorial Hospital
Livingston	Holy Rosary Healthcare
Miles City	Community Medical Center
Missoula	St. Patrick Hospital and Health Sciences
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur	Mountainview Medical Center
Springs	
Whitefish	North Valley Hospital

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital Garfield County Health Center Kalispell Regional Medical Center
Jordan	Central Montana Medical Center
Kalispell	St. John's Lutheran Hospital
Lewistown	Livingston Memorial Hospital
Libby	Phillips County Hospital
Livingston	Holy Rosary Healthcare
Malta	Community Medical Center
Miles City	St. Patrick Hospital and Health Sciences Center
Missoula	Granite County Medical Center Hospital
Phillipsburg	Clark Fork Valley Hospital
Plains	Sheridan Memorial
Plentywood	St. Joseph Hospital
Polson	Beartooth Hospital Health
Red Lodge	St. Luke Community Hospital
Ronan	Roundup Memorial Hospital
Roundup	Marias Medical Center
Shelby	Sidney Health Center
Sidney	Mineral Community Hospital
Superior	Prairie Community Health Center
Terry	Broadwater Health Center
Townsend	Mountainview Medical Center
White Sulphur	
Springs	
Whitefish	North Valley Hospital

PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center



RESOURCES



HEALTH CARE AND BENEFITS DIVISION
1-800-287-8266 or 444-7462 in Helena
email: benefitsquestions@mt.gov
www.benefits.mt.gov

General benefits information and contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA
1-800-423-0805 or 444-8315 in Helena
www.bluecrossmontana.com

NEW WEST HEALTH PLAN
1-800-290-3657 or 457-2200 in Helena
www.newwesthealth.com

PEAK HEALTH PLAN
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)
Provider Network: 1-888-256-6556
Prior authorization/Pre-certification: 1-866-275-7646
www.healthinfonetmt.com

Medical plans customer service and claims processing questions

CAREMARK
1-888-347-5329
www.caremark.com

Prescription drug refills, customer service, prior authorizations, and quantity overrides

RELIANT BEHAVIORAL HEALTH (RBH)
1-866-750-0512
www.MyRBH.com

EAP Services, counseling appointments & referrals, legal & financial resources, maternity services

ALLEGIANCE FLEX ADVANTAGE
1-866-339-4310
FAX: 1-406-523-3149 OR 1-877-424-3539
www.allegianceflexadvantage.com

Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules

EYEMED VISION CARE
1-866-723-0513
www.eyemedvisioncare.com

Eye exam, related services, and benefits

UNUM LIFE INSURANCE COMPANY
1-800-227-4165
www.unum.com

Long-term care claims and information